

BJA Kata Examiner Application Form

Address: DOB:	Full Name:				
BJA Membership. No: Expiry Date: Tel. No: (Home) (Mobile) Email: Minimum Pre Requisites: (Please state yes in the box) • Must be 20 years of age. • Holder of 1st Dan BJA. • Qualified BJA Level 2 Coach • Certificated Level 2 (Previous County Level) Nage no Kata. • Certificated Level 2 (Previous County Level) Katame no Kata. Kata Activity: (Please list any Kata activity you have engaged in during the past three (3) years) (If more space is required please use an additional sheet of paper) I hereby wish to apply to become a BJA Kata Examiner:					
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Signed: Dated:	I hereby wish to apply to become a BJA Kata Examiner:				
	Signed:		Dated:		

Return completed Application Form together with photocopies of any Kata Certificates
to: BJA Head Office, Walsall Campus, Gorway Rd, Walsall, West Midlands, WS1 3BD
Or email dave.hortonjones@britishjudo.org.uk